

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 06/01/2018  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11963791</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>05/16/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WEINBERG VILLAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13005 COMMUNITY CAMPUS DR.<br/>TAMPA, FL 33625</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>Assisted Living Facility</p> <p>An unannounced Extended Congregate Care (ECC) monitoring survey was conducted on . . . . .</p> <p>The Weinberg Village, Assisted Living Facility /License #8679, had deficiencies at the time of this visit.</p> <p><b>E210 - ECC - Training - 58A-5.0191(7) FAC</b></p> <p>Based on records review and interview, the facility failed to ensure that all direct care staff providing care to residents in an extended congregate care program had completed at least 2 hours of in-service extended congregate care (ECC) training within 6 months of employment, for 1 of 3 direct care staff reviewed (Staff C).</p> <p>Findings Included:</p> <p>On , during a records review of Staff C's training records, it was revealed that there was no training certificate for ECC in-service training on file. Staff C's record showed the date of employment was and had worked in the facility for just over 8 months.</p> <p>In an interview with the Human Resources Director at 10:50pm on , the Human Resources Director stated that Staff C should have received the required 2 hour ECC in-service training by now, but so far had not received the training.</p> <p>Class III</p> |                                                                                                |                                                     |